## **\***BEEF **\***

C CWF VP

Name:	

Phone:\_\_\_\_\_

Date Dropped Off: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Wrap For #	
Thickness	

Tag # \_\_\_\_\_

Roast	2	3	4	6	
T-Bone					
Sirloin					
Round S	teak				
Seven St	eak				
Shoulder	Stea	k			

Neck Chop Rib Chop Ribs BBQ/Stew Brisket Slice/Whole Soup Shank

Ground Meat # Per Pack

Debris: YES or NO

Processed Debris: YES or NO

